

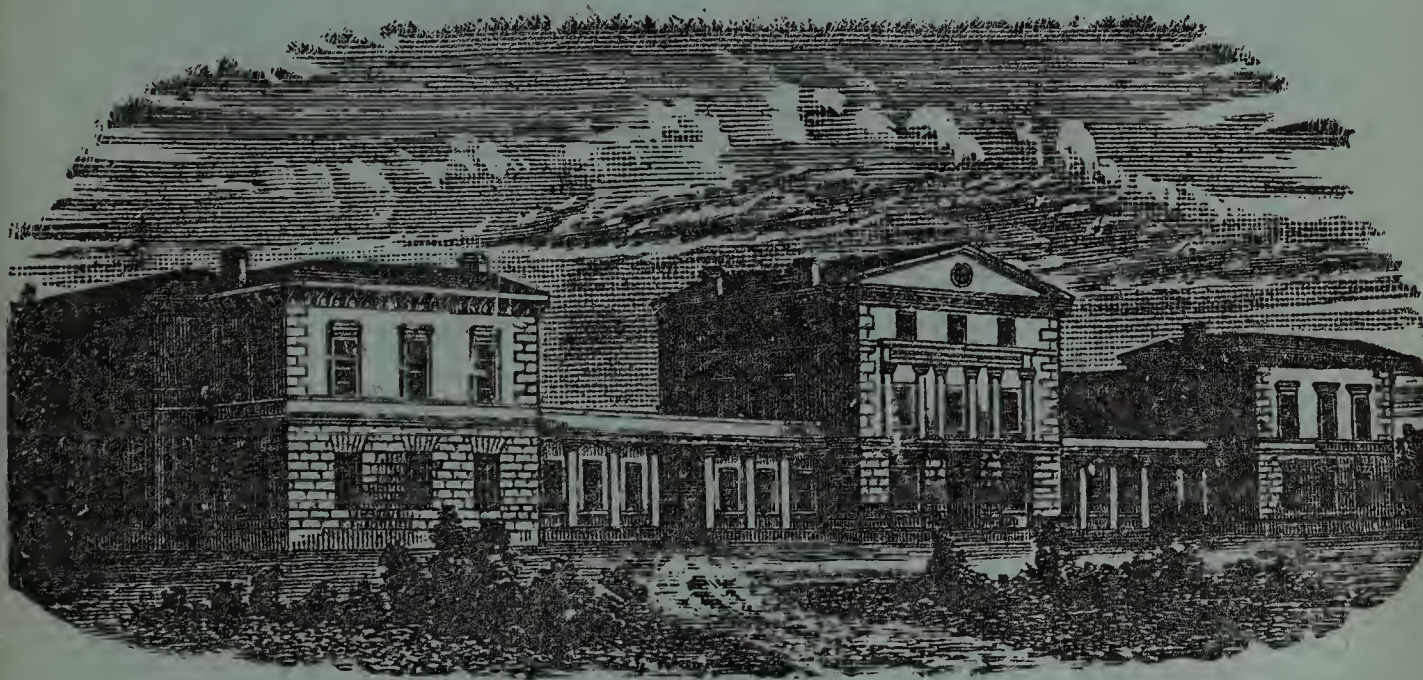
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TELEGRAMS
FEVER HOSPITAL,
ISLINGTON.

One Hundred and Nineteenth Report OF THE LONDON FEVER HOSPITAL

Liverpool Road, Islington, N.1

For the Year ended 31st December, 1920.



1921

*Secretary:—*COMMANDER T. J. FARRELL, D.S.C.



Owing to the great increase in the cost of printing and stationery the Committee are reluctantly compelled to discontinue the publication of the list of Subscribers and Donors, but this record is maintained in the Secretarys' Office.



FORM OF BEQUEST.

The following form is recommended to those who may be disposed to become benefactors by will:—

I give and bequeath to the Treasurer, for the time being, of the LONDON FEVER HOSPITAL, Liverpool Road, Islington established in 1802, to be applied for the purposes of the Institution, the sum of _____ *pounds, free of Legacy Duty (if so desired). The receipt of such Treasurer to be a sufficient discharge.*

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SIDNEY PHILLIPS, ESQ., M.D., F.R.C.P., 3, Upper Brook Street,
Grosvenor Square, W. 1.

Physicians

Col. WM. HUNTER, C.B., M.D., F.R.C.P., 103, Harley Street, W. 1.

CHAS. RD. BOX, ESQ., M.D., F.R.C.P., 2, Devonshire Place, W. 1.

Assistant Physician

SIR JOHN F. H. BROADBENT, Bart., M.A., M.D., F.R.C.P., 35, Seymour
Street, W. 1.

Surgeon

S. MAYNARD-SMITH ESQ., C.B., M.S., F.R.C.S., 28, Wimpole Street, W. 1.

Aural Surgeon

H. J. MARRIAGE, ESQ., M.B., F.R.C.S., 109, Harley Street, W. 1.

Architect

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Resident Medical Officer

T. G. NICHOLSON ESQ., B.Sc. M.B.

Auditor

W. B. KEEN, ESQ., Chartered Accountant.

Matron

Miss HOLROYDE, R.R.C.

Bankers

THE NATIONAL PROVINCIAL AND UNION BANK OF ENGLAND, Limited
(Prescott's Office), 50, Cornhill, E.C. 3.

Secretary

Commander T. J. FARRELL, D.S.C.

LIABILITIES.				ASSETS.			
	£	s.	d.		£	s.	d.
1. To SUNDRY CREDITORS— On General Account	...	...	...	1. BY CASH AT BANK AND IN HAND— (a) Generally on account of the Hospital	...	2,353	18 10
2. LOANS TO HOSPITAL FROM BANK	...	...	...	(b) On account of Special Funds— Samaritan Fund	...	363	15 1
3. CAPITAL ACCOUNTS— (A) For Special Purposes— (a) Hospital Endowments	...	...	...	2. BY SUNDRY DEBTORS— For Rents Receivable	...	710	17 0
(b) Other Special Purposes— Samaritan Fund, as per last Balance Sheet	£861	18	1	For Fees, &c., due	...	856	1 0
Add Income for Year	32	17	0	For other purposes	...	454	17 8
							2,021 15
Convalescent Home Fund	894	15	1	3. BY INVESTMENTS ON CAPITAL ACCOUNTS— (A) For Special Purposes— (a) Elm Park Estate (amount invested by Order of the Court of Chancery, income on which is alone applicable to the General Purposes of the Hospital)	...	33,528	10 0
(B) (a) For Buildings and Equipment	1,000	0	0	(b) Other Special Purposes— Samaritan Fund— £458 Great Central Railway 4½ per cent. South Yorkshire Stock (cost)	...	531	0 0
(b) For New Building Fund— Grant from King Edward's Hospital Fund	56,622	8	8	Convalescent Home Fund— £1,011 17s. 2d. London County Council 3 per cent. Stock (cost)	...	1,000	0 0
As per last Balance Sheet	2,500	0	0	(B) For Buildings and Equipment	...	—	—
(C) For General Purposes— Applicable for the purposes of the Hospital— As per last Balance Sheet	6,602	12	4	(C) For General Purposes— Theberton Street Premises	...	3,511	8 0
				76, Liverpool Road, Premises acquired for purposes of further extension	...	725	0 0
4. To UNEXPENDED INCOME— Balance of Special Funds	—	—	—	£1,997 0s. 10d. Metropolitan 3½% Stock (cast)	...	2,000	0 0
5. INCOME AND EXPENDITURE ACCOUNT— Balance at 1st January 1920	5,057	18	1	£285 12s. 3d. " " " "	...	250	0 0
Add Excess of Income over Expenditure for the year to 31st December, 1920	1,753	6	1	£651 11s. 8d. New South Wales 4% Stock 1942-62 (cost)	...	650	0 3
				£550 Cape of Good Hope 3% Stock 1933-43 (value at date of receipt)	...	429	0 0
				£527 11s. 9d. Ceylon Government 3% Stock 1940 (value at date of receipt)	...	432	12 5
				£20 4½% War Stock	...	20	0 0
							43,077 10 8
				4. BY LAND BUILDINGS AND EQUIPMENT OF THE HOSPITAL— (a) Original Buildings and Equipment (not valued)	...	56,622	8 8
				Expenditure from 1880 to 31st December 1913	...	11,405	5 8
				(b) New Buildings and Equipment— Expenditure as per last Balance Sheet	...		
				Expenditure during the year ending 31st December, 1920	...		
						68,027	14 4
							£115,844 14 7

I have examined the above Balance Sheet and accompanying Income and Expenditure therewith. I have also verified the Investments and the Bank Balance.

W. B. KEEN Chartered Accountant.

Approved { MUIR MACKENZIE,
GEO. E. MEAD,

} Members of the Committee.

31st January, 1921

INCOME.			EXPENDITURE.		
A. ORDINARY.			A. MAINTENANCE.		
I. ANNUAL SUBSCRIPTIONS			I. PROVISIONS.		
II. DONATIONS			1. Meat		
Boxes			2. Fish, Poultry, &c.,		
III. KING EDWARD'S HOSPITAL FUND for LONDON An Emergency Grant of £500 was also received (see extraordinary income below)			3. Butter, Bacon, &c.		
IV. HOSPITAL SUNDAY FUND			4. Eggs.		
V. HOSPITAL SATURDAY FUND			5. Milk		
VI. CONGREGATIONAL COLLECTIONS (apart from Hospital Sunday Fund)			6. Bread, Flour, &c.		
VII. WORKMEN'S COLLECTIONS (apart from Hospital Saturday Fund)			7. Grocery		
VIII. ENTERTAINMENTS			8. Vegetables and Fruit		
IX. INVESTED PROPERTY &c.—			9. Malt Liquors		
Dividends			10 Aerated Water and Ice		
Rents			II. SURGERY AND DISPENSARY.		
Commission			1. Drugs, Chemicals, Disinfectants, &c.		
Property Tax			2 Dressings, Bandages, &c.		
Income Tax returned			3. Instruments and Appliances		
Interest on Deposit or Current Account			4. Wines and Spirits		
X. NURSING INSTITUTION—			5. Sundries		
Private Nurses			III. DOMESTIC.		
Nurses' and Probationers' Fees			1. Renewal and repair of Furniture		
XI. PATIENTS' PAYMENTS—			2. " " Bedding and Linen		
In-Patients			3. " " Hardware, Crockery, Brushes, &c.		
Out-Patients			4. Washing, done off Hospital premises (average weekly number of articles 3406), see Return on page 9		
XII. RECEIPTS UNDER the NATIONAL INSURANCE ACT—			5. Cleaning and Chandlery		
XIII. OTHER RECEIPTS—			6. Water		
Sale of old materials			7. Fuel and Lighting—		
Ambulance Hire			(a) Coal		
Surplus on Sale of meals			(b) Gas		
Total Ordinary Income			(c) Electric Current		
B. EXTRAORDINARY—			(d) Oil, Wood, &c.		
I. LEGACIES—			8. Uniforms (Nurses, Porters, &c.)		
The Executors of C. J. J. Beard			9. Sundries—Ambulance		
Mrs. Alfred Goldsmid			IV. ESTABLISHMENT.		
" L. H. Aston			1. Insurance		
" A. Goff			2. Renewals and Repairs		
H. R. Kinnear			3. Annual Cleaning (including Painting £1200)		
			4. Garden		
			V. SALARIES, WAGES, &c.		
			1. Medical		
			2. Dispensing		
			3. Nursing		
			4. Other Officers		
			5. Mechanics, &c.		
			6. Porters		
			7. Domestic Servants		
			8. Scrubbers		
			9. Pensions		

[illegible]

STATISTICAL TABLES.

LONDON FEVER HOSPITAL

Financial Statistics for Year ending 31st December, 1920.
Compared with those of the previous Year, ending 31st December, 1919.

I.—IN-PATIENTS.

(A) NUMBER OF BEDS AND IN-PATIENTS.

	† Numbrs in 1919.	Numbers in 1920.
(1) Number of Beds available for use	178	178
(2) Average number of Patients resident daily throughout the year. (As counted and recorded daily). ..	60.47	81.03
(3) Number of In-Patients in the Hospital at beginning of year.	34	129
(4) Number of In-Patients admitted during year ..	827	967
(5) " " in the Hospital at the end of the year	129	131
(6) Average number of days each Patient was resident ..	30.15	30.7

Ascertained by dividing the yearly total of daily counts by the number of Patients treated to a conclusion, i.e. (3)+(4)-(5).

(B) ANNUAL EXPENDITURE ON IN-PATIENTS APART FROM THAT ON OUT-PATIENTS; AVERAGE COST OF EACH IN-PATIENTS PER WEEK; AND AVERAGE COST OF EACH IN-PATIENT.

The following figures do not include any charge for Rent, Rates and Taxes.

	† Expenditure on In-Patients in 1919.	Average cost of each In-Patient per week in 1919.	* Expenditure on In-Patients in 1920.	Average cost of each In-Patient per week in 1920.
Maintenance:—	£ s. d.	£ s. d.	£ s. d.	£ s. d.
(7) Provisions	4,996 13 10	1 11 6	6,062 16 1	1 8 7
(8) Surgery and Dis- pensary	456 9 2	2 11	506 2 5	2 5
(9) Domestic	4,620 17 1	1 9 0	5,709 9 3	1 6 11
(10) Establishment	1,244 2 1	7 10	2,469 11 2	11 8
(11) Salaries, Wages, &c. ..	4,420 7 2	1 7 8	6,089 11 9	1 8 9
(12) Miscellaneous Ex- penses	206 14 9	1 4	190 13 0	11
Administration.—				
(13) Management	1,303 7 8	8 2	1,399 2 8	6 7
(14) Finance	328 15 0	2 1	1,973 17 0	9 4
Average Total Cost of each In-Patient per week		5 10 6		5 15 2
Average Total Cost of each In-Patient		23 16 1		25 4 8

Found by dividing the totals of the money columns marked † and * respectively by the number of In-Patients treated to a conclusion during the year.

WASHING RETURN.

FOR THE YEAR ENDING 31st DECEMBER, 1920.

A.—WORK DONE.

Average No. of pieces washed weekly on Hospital premises	..	3,046
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B.—EXPENDITURE.

			£	s.	d.	£	s.	d.
1. Wages of Laundry Hands	206	5	7			
2. Board	312	0	0			
3. Wages and Board or porportion of Wages and Board of Workers whose time is wholly or partly given to Laundry, as Engineer, Stokers, &c.—								
Wages ..	..	..	105	0	0			
Board ..	..	..	-	-	-	
4. Materials and Sundries—								
Soap, Soda, &c., Brooms, Brushes, Utensils, Overalls, Clogs, Baskets, &c.	..	..	198	0	0			
5. Carriage	..	..	-	-	-	
6. Fuel, Power and Light	..	..	525	0	0			
7. Water	..	..	18	6	8			
8. Repairs to Laundry Building	..	..	-	-	-	
9. Repairs to Machinery and Plant	..	..	18	0	0			
10. Insurance, Fire and Boiler	..	..	3	10	0			
11. Depreciation—								
Buildings	..	..	14	0	0			
Machinery and Boilers	..	..	45	0	0			
12. Interest on Capital	..	..	107	0	0			
13. Rent	-	-	-			
14. Rates	45	0	0			

Total Cost of Washing done on Hospital Premises	..	1,597	2	3
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Telephone No. 687 North

PRIVILEGES OF CONTRIBUTORS

Subscribers of a Guinea and upwards for more than one year are Governors as long as they maintain their subscriptions. Donors of ten guineas and upwards in one sum are Governors for life. Governors are entitled to send their own domestic servants for free treatment as Ward Patients in the Hospital.

Firms, Clubs, and Hotels subscribing two guineas annually may send one of their employés for free treatment as Ward Patients each year; four guineas, 2; and five guineas, 3 employés.

No Letters of Admission are issued. It will be sufficient for contributors to give their names to ensure the free treatment to which their servants or employés may be entitled.

The Accommodation is of two kinds, viz.:

(1). In the wards at an entrance fee of £3 for 12 days' duration, after which a charge of 5/- per day for every day the patient is in Hospital, entrance fees payable on or before admission.

(2). In Private Rooms at fees from £6 6s. od. per week payable weekly in advance.

The Method of Admission is as follows:—If the medical practitioner in attendance on the case will leave at the sufferer's residence a certificate clearly defining the disease the patient is suffering from and the friends then make application to the Secretary at the Hospital either in person, by telegraph, telephone, or post, giving at the same time the name of a person who will pay the fee,* an ambulance will be sent for the patient's removal as quickly as possible. There is a charge for hire of the ambulance, to be paid for in addition to the fee, as well as 5/- extra for a nurse when required.

N.B.—Disregard of these instructions frequently causes delay and annoyance.

*Not required in cases where sufferers are entitled to free treatment.

The President's Address

TO THE

Governors

AT THE

Annual General Meeting

At the HOUSE OF LORDS on February 11th, 1921

(Lord Balfour of Burleigh) Ladies and Gentlemen, it falls to me to say a few words on the work of the past year, and to move the approval of the proceedings of the Committee, and that a vote of thanks be tendered them for their services. I am not jealous of those who have preceded me, but obviously they have said a good deal that I might have said, if they had not said it, about the work of the Hospital during the past year. I will not go over the whole ground, but I do want to press upon the Governors this fact—that during the past year we have had to face many difficulties. The effects of the war were perhaps most seriously felt during the past year; the arrears of the previous five years had to be made up and in addition to that the exceedingly high cost of food and all essentials for the work of the Hospital, practically depleted us of all our income. As has been mentioned, the figures in the balance sheet for the year, both for expenditure and income, are the highest on record for the Hospital, but it is somewhat gratifying to find that there is a small balance to the credit side of the account.

I join with those who have spoken before, as to the debt we owe to Dr. Nicholson for his work in the Hospital, and no less are we indebted to the Secretary for the new

arrangements which have been made and for the many economies we have been able to effect ; for it is to him to a large extent that such savings as we have been able to make on the ordinary work of the Hospital are due.

I don't want to take an unduly optimistic line, because we really are in very difficult circumstances. Just look at these figures—during the year subscriptions to the amount of £4,014 were received and an amount of £6,338 in donations ; that is an increase respectively of £50 in the subscriptions and £4,700 in donations upon the previous year, but that is not a normal increase, because the great increase in donations is due to two special things. It is due in the first place to the appeal which was made from the Mansion House last February, when Her Royal Highness PRINCESS MARY received purses on behalf of the Hospital. On that occasion we received the support of a good many friends, and the appeal brought us in over £5,000. We cannot expect to do that every year, and therefore, although taking the one year by itself, our finances look in a prosperous condition, I am bound to say, that having regard to all the circumstances I am most anxious about them. Then in addition, in the month of May, a Concert was given by Mr. MARK HAMBURG, which benefited our funds by over £900. We have already thanked him but I would like to say again publicly that we are very grateful to him for his work on our behalf. The KING'S Fund and the National Relief Fund also came to our rescue with emergency grants, and the total income of the Hospital for the past year amounted therefore to the large sum of £26,900.

As regards the expenditure, the official returns of the cost of living, comparing 1920 with 1914, show an increase of very nearly 150 per cent. and if we apply this percentage to our expenditure of 1914, I think it will be found that during the past year we have treated more patients at a proportionally less cost of over £3,000—

that is a practical testimony to the energy of those who are working for us in the Hospital, and not least of all to the work of our Secretary. There is an increase in our expenditure for commodities of all sorts over previous years, and amongst the big items are wages and coal. In 1914 our salaries were £3,900 ; in 1919 the item had crept up to £5,345, and last year it was over £6,000. I want to make it quite clear that that does not mean that we have increased our staff, or been guilty of any extravagance. The tendency has been to decrease the staff, so far as is compatible with the services which we are called upon to render ; but wages have been continually rising owing to the increase in the cost of living, and that has compelled us to increase the pay of practically every member of our staff. We don't grudge it to them ; it has not put them in any very much better position relatively than they were before the war, but when we take our expenditure and our income in pounds, shillings and pence, it must be borne in mind that the pound does not go so far as it used to. With regard to the consumption of coal, our present bills are a source of great concern, and throughout the year no stone has been left unturned in order to reduce our requirements. As you know, in June of last year the sum of 14/2 was put on every ton of coal, and an additional charge had to be paid for transit, but in spite of that we have kept our coal bill down to the 1919 level, and if this extra cost had not been imposed we should have been able to show a considerable reduction.

I am glad to say that the work of painting and renovating, new machinery and equipment, which has been accumulating since the war, was undertaken last year at a cost of over £3,000, and I hope I may safely say that we are now a perfectly equipped and well maintained Institution, ready and prepared to carry on the work which the Hospital has been engaged in for the past 120 years. Before I leave the question of finance I should like to mention one other point ; we have, as you know, two very

distinct classes of patients ; we have the private patients, who pay their way and more than pay their way, and the ordinary patients who are a charge on the Hospital, and of course a third class who have to be excused the fees altogether.

In the first half of last year we received into the Hospital 159 private room patients, who cost us £2,623, and we received in fees from them £2,852. For the second part of the year, when the increased fees were in force, we received in the Hospital 95 private room patients who cost us £1,567, and we received in fees £2,405, which shows a gain to the Hospital of £838. On the two halves of the year the private patients paid more than their expenses by £1,067. That is perfectly right and proper ; it helps the Hospital and it greatly benefits those who make the payments. They get free from the risk of infection in their own homes ; it is good for themselves and it helps to maintain the Institution in an efficient way.

That brings me to this point—we have recently had a communication from KING EDWARD'S FUND on the question of the future policy of the voluntary hospitals, and they put forward four suggestions. The first three of them this Hospital has actually got in practice at the present time. The first suggestion is various forms of contributions from patients in consideration of treatment received. The second is various forms of regular contributions from prospective patients as a kind of quasi-insurance. That we have had in practice for many years. We get subscriptions from private persons and institutions which forms a sort of insurance, and if they have any patients to send they get favourable terms. Personally I think in the case of a hospital for infectious fevers, that is the very point we ought to press upon the community—the enormous advantage to the public of having an institution where, at a moment's notice, cases of infectious fevers can be sent, thus freeing the home from the danger of infection. I hope that KING

EDWARD'S FUND will press that point upon the community, and that we shall be able to get a larger sum in that way than we have got in the past. The third suggestion is payment by Government or other public authorities, in respect of the treatment of any classes of patients for whom those authorities have taken responsibility, and we have received that assistance.

Then there is a fourth suggestion about which I think it is quite fair there should be discussion, about which there will in all probability be great difference of opinion. It is in these words—"That, while direct grants from the State in consideration of their general work might endanger voluntary contributions and voluntary management, some form of assistance, based on the amount received for the benefit of hospitals from voluntary sources, or some concession by way of abatement of income tax or death duties, proportioned to gifts, might prove practicable, and might serve to elicit a larger revenue than is now thus obtained." There are here two different suggestions, and I think some of us are not quite happy about the idea of receiving contributions in respect of the amount we already receive, because that would seem to be giving to those who possess, and not helping those who are in most need; but I do think that some form of abatement of public burdens might well be thought of. I will just mention one fact, I don't want to make a complaint, and I should be sorry if I incurred hostility and seemed to be making an attack upon local authorities. In Islington our Hospital is assessed, probably quite fairly, at an annual value of £1,500, and it is a simple fact that we are obliged as a charitable institution, to pay a rate of 20/- in the £1 to the local authority of Islington—that is £1,500 goes every year out of our income, to the public rates of Islington. That I think is a matter which might well be looked into. I think we have a fair case for some relief and some abatement.

I don't know that there is much more I have to say, but I should like to associate myself with those who have expressed regret at the losses we have sustained during the past year. We have lost Dr. Dyer, our Junior Medical Officer, our former Secretary who was only in office a short time, and also our old friend Major Christie, who retired at the advanced age of over 80, and at that advanced age returned to help us when we were in difficulties, but who in the course of the year was also removed from us.

May I just say a word in conclusion, paraphrasing Colonel Hunter's Report, that we have the great distinction of being the oldest voluntary fever hospital in the world ; from the first it was conducted and is still conducted upon voluntary lines. I do think that in our efforts we deserve support, inasmuch as the benefits conferred by our work are not confined to those treated in the wards, but extend even more to the public outside by preventing the spread of infectious diseases, from which the patients are suffering. I myself do not think we receive all the credit that is due to us for the dangers which we avert from the community as a whole. I am quite sure that if our Hospital ceased to exist, there would be an enormous increase in the spread of the various infectious fevers. There are some interesting lectures going on at the present time, in which our Medical Officer, Dr. Hunter is taking a prominent part, in showing the dangers which are avoided by concentrating treatment, and by the knowledge which is acquired owing to the existence of a hospital of this kind. Typhus Fever is now practically extinct in this country, although it rages in other parts of Europe, and I have no doubt whatever that these lectures, which are to be published, will show what great services our Hospital has done in the past in the cause of medical science and in safeguarding the health of the community as a whole. I conclude by moving a vote of thanks to the Committee.

The resolution was carried with acclamation.

MEDICAL REPORT

FOR THE

Year ended December 31st, 1920.

The Committee present herewith their Report of the work of the Hospital during the year 1920, their One Hundred and Nineteenth Report since the original foundation of the Hospital in 1802.

PREVALENCE OF FEVERS IN 1920

The chief feature of the past year has been a sharp recrudescence and increased prevalence of Scarlet Fever and Diphtheria in the Metropolis.

The increase in Scarlet Fever followed a record of low prevalence during the three years 1916-18. This increase has been shewn in the numbers admitted into the London Fever Hospital.

The increased prevalence began in October, 1919, the number of cases admitted in the last quarter of that year being 180. The admissions continued during the first quarter of 1920 (106 cases) and second quarter (67). They then rose in September to 44, and to 158 cases in the last quarter of the year, and the increase in admissions still continues although somewhat lessening.

The increased prevalence of Diphtheria followed on a steady persistence of this disease during the past ten to fifteen years. It began also in 1919 as shewn by the increased admissions into this Hospital in 1920 : but it has been more marked and quite an unusually severe type of disease. The cases admitted during the past year have been more severe than in any previous period of the Hospital's history.

In addition, as shewn by the numbers admitted into the London Fever Hospital, there was an unusual prevalence of Measles (Morbilli) in the early part of the year 1920, the number of admissions being 265 as compared with only 96 in the previous year.

TOTAL FIGURES—

The work of the Hospital during the past year is summarised in the following Table.

	Remaining in Hospital Dec. 31 1919	Admitted 1920	Total under Treatment	Discharged	Died	Death Rate of completed cases
Scarlet Fever	90	375	465	372	3	0.8
Diphtheria	29	182	211	174	9	4.9
Morbilli	7	265	272	268	2	0.79
Rubella	—	38	38	36	—	—
Enteric	1	9	10	6	1	14.2
Other Fevers	—	43	43	{ 89	1	2.1
Other Diseases	2	55	57		2	1.2
TOTAL	129	967	1,096	945	18	1.8

At the beginning of the year 129 cases were in Hospital as compared with 34 the previous year ; 967 cases were admitted as compared with 827 the previous year ; the total under treatment was 1096 as compared with 862 ; the total cases treated to a termination were 963 as compared with 632 ; and the total deaths were 18 as compared with 15 the preceding year, the total death rate being 1.8 as compared with 2 per cent.

The cases admitted comprised : SCARLET FEVER—375 cases as compared with 291 the previous year ; DIPHTHERIA—182 as compared with 138 ; MORBILLI (Measles)—265 as compared with 96 ; RUBELLA (German Measles)—38 as compared with 162 ; ENTERIC—9, the same number as the previous year ; OTHER FEVERS (Mumps, Varicella, Erysipelas, Influenza, Whooping Cough and Cerebro-Spinal Meningitis)—43 as compared with 94 ; and OTHER DISEASES—55 as compared with 36 in the previous year.

The totals under treatment of these diseases were : SCARLET FEVER—465 as compared with 308 the preceding year ; DIPHTHERIA—211 as compared with 154 ; MORBILLI—272 as compared with 96 ; RUBELLA—38 as compared with 162 ; ENTERIC—10, the same as in the previous year ; and OTHER FEVERS AND DISEASES—100 as compared with 131 the previous year.

The total number of deaths in cases treated to a termination were : SCARLET FEVER—3 as compared with 1 the previous year, representing a death rate of 0.8 as compared with 0.45 the previous year ; DIPHTHERIA—9, the same number as the previous year, representing a death rate of 4.9 ; MORBILLI—2 representing a death rate of 0.79 ; ENTERIC—1 representing a death rate of 14.2 per cent,

Of the total number of 967 cases admitted, 617 were ward patients, and 249 were private room patients. The number of private patients represents the advantages derived from the New Block of 20 Private Rooms which was opened early in 1916, and has now been in use for five years. These rooms are always well occupied; the average number of different diseases treated and isolated there is seven or eight. The arrangements are so good that no cases of cross infection have occurred during the past year and only two or three since the Block was opened.

FEATURES OF THE YEAR'S WORK

The chief features in the foregoing figures have been the following.

The total admissions 967 exceed the figure for any year during the past fifty years, with two exceptions—1882 and 1917, when the admissions were 1001 and 1311 respectively. They also exceed the average annual admissions in any of the twelve decennial periods of the Hospital's history, with the exception of the notable period—1861-70—when the annual average admissions were no fewer than 2,937 cases. This period, it is interesting to note, was also the highest period of the prevalence of fever in the history of fevers in England during the past 120 years.

SCARLET FEVER—The admissions, 375 cases, is also higher than the figures in any of the past twenty years, with the exception of the year 1914, when it was 500 cases; the years 1906, 1907 and 1908 when it was 383, 440 and 446 respectively, and the year 1901 when it was 450. They contributed 37 per cent of the total admissions.

The death rate—0.8 per cent.—is also lower than the average in any previous decennial period in the history of the Hospital, although a similarly low death rate occurred in three previous years: viz.—1900, 1904 and 1910, and the lowest death rate at any period viz.—0.45, was recorded last year. Two of the three deaths which occurred were in officers of the Hospital, the Assistant Medical Officer and the Secretary, the first death of an officer of this Hospital for nearly fifty years. Excluding these two cases, there was only one death in Hospital patients suffering from Scarlet Fever; a death rate of 0.27 per cent. or 1 in 375 cases or the lowest on record.

DIPHTHERIA—The admissions, (182 cases) of this disease were also exceptionally high. They constitute a record for the disease comparing with 138 cases for the previous year, and with an average of 106 for the last ten years.

They constituted 19 per cent. of the total admissions, against 16.6 for the previous year, and an annual average of 12.5 for the past decennial period. This increase in the numbers and proportions of this disease is the most interesting feature in the year's work.

It is doubtless related to the increased prevalence of Diphtheria during the past two years. But in the case of this Hospital it is also due to the increased accommodation provided by the New Block of Isolation Rooms, opened in 1916, and also to the fact that thanks to the provision of special wards for Measles and German Measles cases, the Diphtheria Block is now continuously available for Diphtheria cases exclusively.

As stated, the type of disease prevalent during the latter end of the year has been exceptionally severe, more so than in any period during the past thirty years.

It has been marked by the severest throat and laryngeal lesions so severe in many cases, as at first sight almost to exclude any hope of possible recovery.

Nevertheless deaths were only 9, and the mortality has been only 4.9 per cent. as against 7.2 for the previous year, and an average of 3.8 for the past ten years.

As no time in the history of the Hospital have the remarkable effects of antitoxin treatment been more strikingly demonstrated; case after case of the severest type recovered; and the few cases 9 in number which died were mostly patients already almost moribund on admission.

MEASLES (Morbilli)—The number, 265 cases, has been also unusually high, constituting a record for this disease. It compares with 96 last year, and with an annual average of 143 for the past ten years.

The proportion was 27.4 per cent. of the total admissions—also a record for the Hospital. It compares with 11.6 per cent for the previous year, and an annual average of 17 per cent. for the past ten years.

The admissions were chiefly in the first four months of the year viz:- 199 cases—the highest number being in February (53) cases March (60) cases and April (56) cases. The highest previous admissions of this disease were in 1917 and 1918 - (195 and 173 cases respectively) and in 1912-13 (122 and 130 cases respectively).

The death rate in the 268 cases treated to a termination was 0.79 per cent. a very low death rate. It compares with 2.2 for last year, and with 1.2 per cent. average for the preceding ten years. The death rate in this disease is greatly determined by the age of the patient, being on an average five times higher below the age of fifteen, than above that age. The death rate below the age of

fifteen in the London Fever Hospital during the past ten years has been 4.7 per cent. This death rate compares with a general death rate of about 11 per cent. for this disease in cases treated in municipal Fever Hospitals.

RUBELLA (German Measles)—In contrast with Measles the admissions of this disease have been remarkably low, only 38 cases; as against 162 last year, and an annual average of 246 cases for the past ten years. The greatest number of admissions of this disease were in 1916 and 1917 (viz:- 447 and 825 cases respectively).

The number constituted 4 per cent. of the total admissions, as compared with 20 per cent. last year, and an annual average of 30.4 per cent. during the past ten years.

ENTERIC FEVER—The number admitted was as is now everywhere the case with this disease, very few, only 9 cases or 0.9 per cent. of the total admissions, the same percentage as in other Fever Hospitals in London. The death rate was 14.2 per cent.

OTHERS FEVERS—The numbers of these (43 cases) included cases of Mumps, Varicella, Erysipelas, Influenza and Cerebro-spinal Meningitis. The proportion was 4.4 of the total admissions.

OTHER DISEASES—The number of these were 55 or 5.7 of the total admissions.

Detailed figures regarding the character and numbers of these and other Fevers are given in the Statistical Tables prepared by the Resident Medical Officer which are attached to this report.

The proportions of different Fevers admitted during the year were the following:—

Scarlet Fever	37.6
Diphtheria	19.0
Measles	27.4
G. Measles	4.0
Enteric	0.9
Other Fevers	4.4
Other Diseases	5.7
	<hr/>
	100.0
	<hr/>

These proportions are interesting as representing approximately the average relative prevalence of the fevers concerned. They correspond very closely with the proportions in other Fever Hospitals as regards Scarlet Fever, Diphtheria and Enteric; they differ therefrom in the proportion of Measles, a disease treated in this Hospital for the past sixty years; but only admitted into other Fever Hospitals in the last ten years.

The average number of beds occupied during the year in the Hospital was 80, as compared with 62 last year; the greatest number in Hospital in any one day was 141, and the average number of different Fevers in the Hospital was no fewer than seven or eight.

ISOLATION BLOCK—The admission of this large variety of Fevers was only rendered possible by the presence of the Isolation Block of 20 Isolation and Private Rooms opened in 1916.

It is not too much to say that this Block constitutes the pivot on which the smooth working of the Hospital depends, in regard to the admission of private cases, or ward cases of doubtful nature which require temporary isolation, and of cases of doubtful nature generally.

The Block has been open for five years. Its rooms, with 8 Private Rooms in the main Ward Blocks, give 28 rooms in all for use of private patients and isolation purposes.

The number of private patients admitted during the past five years has been 1,294 cases rising from 169 in 1916 to 249 during the past year. The highest number was in 1917 during the war when the number was 375 cases.

Although, on average, some seven or eight different diseases are being dealt with in its rooms; the arrangements are such that only one case of cross infection of doubtful origin occurred during the year.

STAFF—As reported in the last Report of the Committee the Hospital sustained a lamented loss in January of the past year by the death of two of its Officers, Dr. Dyer, the Junior Medical Officer and Major Brand its Secretary from Scarlet Fever; an unique experience in the Hospital's history, no death of any of its Officers having occurred for nearly fifty years.

A month later it sustained another loss in the death of its old and highly honoured former Secretary Major Christie who came back from his retirement to help temporarily in the Secretarial work of the Hospital.

Owing to the great dearth in young Medical Officers created by the war, the vacancy in that office was filled for a period of six months by temporary Officers. In August the Hospital was fortunate enough to secure once more the services of Dr. Nicholson, as Senior Resident Medical Officer. From the date of his appointment the work of the Hospital, temporarily affected by the conditions created by the war, and the changes of Officers connected therewith was soon put on a basis of stability. The Committee desire to specially acknowledge the help thus rendered by Dr. Nicholson, and to express the hope that he may be able to continue his valuable services to the Hospital.

For the post of Secretary, the Committee were equally fortunate in securing the services of Commander T. J. Farrell, R.N., who entered on his duties on March, 8th 1920. The effect of his work in connection with the financial position of the Hospital was soon manifested, as will presently be referred to.

Mr. Couzens the chief clerk in the secretarial office retired on September 30th, after thirty years faithful service to the Hospital.

FINANCIAL POSITION—As the result of the high prices created by the war and still further increased subsequent to it, the Hospital has had to face exceptional financial difficulties during the past two years and more especially during the past year. These difficulties were connected more especially with the arrears of annual repairs and restoration of its buildings, the increased wages of its Staff, and the increased cost of every Hospital necessity, especially of coal; all of these combined with a lessened income both from ordinary resources and from legacies.

The result at the end of the year 1919, was a deficiency of £3.268 between its total income and expenditure.

To meet the increased cost in every department of the Hospital's work, the Committee organized a Special Appeal which was opened at the Mansion house in February by H.R.H. THE PRINCESS MARY. This resulted in the receipt of £5,239. As a part of this Appeal a most successful Concert was afterwards kindly organized by Mr. Mark Hambourg, and was held by the kind permission of the Coliseum Authorities at the Coliseum in May. The result was a further £938 for the benefit of the Hospital. The Committee desire gratefully to acknowledge the great help this rendered by H.R.H. THE PRINCESS MARY and the other organizers of this successful Appeal.

The total result of the Appeal was the receipt of a sum of £6,177,

The Hospital further received a Special Grant of £1,000 from the National Relief Fund, and an Emergency Grant of £500 from the King Edward's Hospital Fund.

To supplement the ordinary sources of its income the Committee made some alterations in the scale of charges for its Private and Ward patients in order to bring these more into line with the present cost of living.

Lastly, for the purpose of controlling expenditure new arrangements were initiated by the Secretary, Commander Farrell which have had most successful results.

The result of all these efforts has been that although the total Subscriptions (£3,932) and ordinary Donations (£1,581) have been respectively £122 and £290 less than last year, the total income for the year has been £26,984 (as compared with £15,188 last year; and the total expenditure has been £26,039 (as compared with 18,456 last year).

The balance between total Income and Expenditure for the year is a credit balance of £945 as compared with a debit balance of £3,268 in the previous year.

In addition to meeting its expenditure, the Hospital has been able to reduce its heavy overdraft on the Bank by £1,100.

NURSING STAFF—Important changes have also been made in the Nursing Department during the year. Miss Balme the Matron having resigned, Miss Holroyde R.R.C., was appointed Matron in her place; under her efficient management a large number and variety of improvements connected with the Nursing Department have been made, greatly adding to the efficiency of the Hospital's work

The changes have included the creation of a most convenient Lecture Room for the Nurses, and the establishment of a course of Instruction in line with the requirements of the Nursing Association.

FURTHER APPEAL FOR HELP—The result may be regarded as encouraging. But in view of the fact that the cost of maintenance has been increased by nearly £8,000 a year and that the extraordinary sources of income available this year will not be available in the coming year, the financial position of the Hospital is naturally a matter of great concern to the Committee. It feels confident, however, that the Public will not fail it now, as it has not failed in the past 120 years of its long history to enable it to continue efficiently the work of the Hospital, the first founded and now the oldest Fever Hospital in this or any country.

It has the unique distinction of not only being the oldest Fever Hospital in the world, but also of being the only one that has from the first been conducted and still continues to be financially conducted on a voluntary basis supported by small contributions. That is to say, it has from the first been run on the combined *VOLUNTARY and CONTRIBUTORY* basis which, after 120 years, is now being recognized as the only sound and fair basis on which a Voluntary Hospital can be run. In its efforts it deserves support, inasmuch as the benefits conferred by its work are not confined to those treated in its wards, but extend even more to the public outside, by preventing the spread of the infections from which its patients are suffering.

TABLE 1.

STATEMENT OF THE NUMBER OF PATIENTS UNDER
TREATMENT IN 1920.

	Males	Females	Males and Females	Total
<i>I—Remaining in Hospital on the 31st Dec., 1919—</i>				
Scarlet Fever	27	63	90	
Morbilli	3	4	7	
Rubella ... ..	...	...	...
Diphtheria	5	24	29	
Enteric Fever ... ..	...	1	1	
Other Fevers ... ..	...	...	} 2	
Other Diseases	1	1		
Total				129
<i>II—Admissions during 1920—</i>				
Scarlet Fever	141	234	375	
Morbilli	79	186	265	
Rubella	6	32	38	
Diphtheria	54	128	182	
Enteric	4	5	9	
Other Fevers	17	26	43	
Other Diseases	18	37	55	
Total				967
Total under treatment during the year 1920 ...				1096
<i>III—Of the above discharged Cured—</i>				
Scarlet Fever	144	228	372	
Morbilli	76	192	268	
Rubella	6	30	36	
Diphtheria	48	126	174	
Enteric	3	3	6	
Other Fevers	15	22	} 89	
Other Diseases	17	35		
Total				945
<i>IV—Died during the year from—</i>				
Scarlet Fever	2	1	3	
Morbilli	1	1	2	
Diphtheria	3	6	9	
Enteric ... ..	...	1	1	
Other Fevers—(Erysipelas)	...	1	} 2	
(Cerebro-Spinal) ... ..	...	1		
Other Diseases—Septicæmia	1	...	1	
Total				18
<i>V—Remaining in Hospital on the 31st Dec., 1920—</i>				
Scarlet Fever	25	65	90	
Morbilli	1	1	2	
Rubella ... ..	...	2	2	
Diphtheria	8	20	28	
Enteric	1	2	3	
Other Fevers ... ..	...	1	1	
Other Diseases	4	3	7	
Total				133
Total under treatment during the year 1920...				1096

TABLE II.
DISTRIBUTION OF ADMISSIONS THROUGHOUT THE
YEAR, 1920.

Months	Scarlet Fever	Morbili	Rubella	Diphtheria	Enteric	Other Fevers Other Diseases	Total	Discharged	Deaths	Admiss- ions Private Patients	Daily Average No. of Patients in Hospital
January ...	50	30	2	24	1	10	117	115	3	30	134
February ...	30	53	1	19	1	5	109	125	3	28	123
March ...	26	60	10	16	...	10	122	129	1	24	109
April ...	21	56	8	14	1	6	106	121	3	34	97
May ...	24	31	7	14	2	15	93	101	2	30	77
June ...	22	16	3	7	...	8	56	66	1	11	69
July ..	9	1	1	7	1	6	31	54	...	7	48
August ...	11	2	1	6	...	5	25	37	1	9	27
September ...	24	1	1	5	...	6	34	22	...	11	27
October ...	32	5	0	7	...	7	64	25	2	14	61
November ...	59	0	1	8	2	8	92	69	1	20	89
December ...	67	3	3	13	1	13	118	82	1	31	112
Total	375	265	38	182	9	42 56	967	946	18	249	81.58

Daily Average of 81.58 Patients in Hospital.

TABLE III.—SCARLET FEVER
(Cases treated to a termination in 1920)

AGE OF PATIENTS	MALES			FEMALES			MALES & FEMALES		
	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.
Under 5 years ...	11	...	...	15	...	...	23	...	...
From 5 to 9 years	51	...	...	55	...	...	105	...	...
" 10 to 14 "	31	...	...	63	1	1.58	94	1	1.06
" 15 to 19 "	19	...	...	30	...	...	49	...	...
" 20 to 24 "	13	...	...	23	...	...	36	...	...
" 25 to 29 "	7	1	12.5	17	...	...	24	1	4.0
" 30 to 34 "	4	...	...	14	...	...	18	...	...
" 35 to 39 "	4	...	...	6	...	...	10	...	...
" 40 to 44 "	4	...	...	3	...	...	7	...	...
" 45 to 45 "	...	1	100	2	...	...	2	1	...
50 years and over ...	...	...	...	...	...	...	...	...	...
Total ...	144	2	1.38	228	1	.44	368	3	.81

TABLE IV.
COMPLICATION OF SCARLET FEVER.

	No. of Cases.	Percentage Incidence	Percentage for previous year
Total No. of completed cases ..	375		
<i>Local Complications—</i>			
Secondary Angina	8	2.1	5.5
Suppurative Angnia	2	0.5	1.4
Adenitis	23	6.1	8.7
Suppurative Adenitis	3	0.75	.9
Rhinitis	17	5.2	1.8
Otitis	16	4.4	1.8
Mastoiditis	4	2.3	.46
<i>General Complications—</i>			
Empyema	1	.27	4.6
Rheumatism	12	3.2	.9
Nephritis	2	.5	1.38
Relapse	3	.8	.46
Pneumonia	1	.27	2.3
Endocarditis	7	18.7	.46
Pyelitis	1	.27	...
Chorea	1	...	..

TABLE V.
MORBILLI.

(Cases treated to a termination in 1920.)

AGE OF PATIENTS	MALES			FEMALES			MALES & FEMALES		
	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.
Under 5 years ...	12	...	...	3	...	...	14	...	...
From 5 to 9 years	20	...	...	14	...	...	34	...	...
„ 10 to 14 „	9	1	10	14	...	...	23	1	4.2
„ 15 to 19 „	6	...	...	43	1	2.27	47	1	8.4
„ 20 to 24 „	13	...	...	55	...	...	68	...	...
„ 25 to 29 „	12	...	...	38	...	...	50	...	...
„ 30 to 34 „	2	...	...	13	...	...	15	...	...
„ 35 to 39 „	...	...	...	6	...	...	6	...	...
„ 40 to 44 „	1	..	...	3	...	...	4	...	...
„ 45 to 49 „	...	...	...	1	...	...	1	...	...
50 years and over ...	1	...	...	2	...	...	3	...	...
Total	76	1	.52	192	1		265	2	.76

TABLE VI.
RUBELLA

Cases treated to a termination in 1920.

AGE OF PATIENTS	MALES			FEMALES			MALES & FEMALES		
	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.
Under 5 years ...	1	...	...	...	...	...	1	...	...
From 5 to 9 years	1	...	...	...	...	...	1	...	...
" 10 to 14 "	...	...	...	1	...	...	1	...	...
" 15 to 19 "	1	...	...	8	...	...	9	...	...
" 20 to 24 "	3	...	...	7	...	...	10	...	...
" 25 to 29 "	...	...	...	10	...	...	10	...	...
" 30 to 34 "	...	...	...	4	...	...	4	...	...
" 35 to 39 "	...	...	...	...	...	...	...	...	...
" 40 to 44 "	...	...	...	...	...	...	...	...	...
" 45 to 49 "	...	...	...	...	...	...	...	...	...
50 years and over ...	...	...	...	...	...	...	...	...	...
Total ...	6	...	...	30	...	...	36	...	...

TABLE VII.
DIPHTHERIA

Cases treated to a termination in 1920.

AGE OF PATIENTS	MALES			FEMALES			MALES & FEMALES		
	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.
Under 5 years ...	6	2	25	6	1	14.2	12	3	20
From 5 to 9 years	15	...	...	19	3	13.6	34	3	6.9
" 10 to 14 "	7	1	12.5	15	1	6.25	22	2	4.2
" 15 to 19 "	8	...	...	13	1	7.1	21	1	4.5
" 20 to 24 "	3	...	...	26	...	...	29	...	...
" 25 to 29 "	1	...	...	28	...	...	22	...	...
" 30 to 34 "	4	...	...	6	...	...	10	...	...
" 35 to 39 "	3	...	...	6	...	...	9	...	...
" 40 to 44 "	1	...	...	1	...	...	2	...	...
" 45 to 49 "	...	...	...	3	...	...	3	...	...
50 years and over ...	...	...	...	3	...	...	3	...	...
Total ...	48	3	6.25	126	6	—	174	9	5.2

TABLE VIII.
ENTERIC FEVER
Cases treated to a termination in 1920.

AGE OF PATIENTS	MALES			FEMALES			MALES & FEMALES		
	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.	No. of Cases Discharged	No. of Deaths	Mortality per cent.
Under 5 years ...	...	...	...	...	...	...	...	...	...
From 5 to 9 years	...	...	...	...	...	...	...	...	...
" 10 to 14 "	I	...	...	...	...	...	I	...	...
" 15 to 19 "	...	...	...	...	...	...	...	...	...
" 20 to 24 "	...	...	...	...	...	...	...	...	...
" 25 to 29 "	...	...	...	...	...	...	...	...	...
" 30 to 34 "	...	...	...	I	...	...	I	...	...
" 35 to 39 "	...	...	...	...	...	...	...	...	...
" 40 to 44 "	I	...	...	...	...	...	I	...	...
" 45 to 49 "	...	...	...	I	...	...	I	...	...
50 years and over ...	I	...	...	I	I	50	2	I	...
Total	3	...	...	3	I	25%	6	I	14.2

TABLE IX.
OTHER FEVERS.

						Deaths
Varicella ...	...	...	...	...	16	...
Mumps ...	...	...	...	...	10	...
Erysipelas ...	...	...	...	...	8	I
Whooping Cough ...	...	...	...	...	2	...
Cerebrospinal Fever ...	...	...	...	...	I	I
Influenza ...	...	...	...	...	2	...
Total					39	2

TABLE X.
OTHER DISEASES.

						Deaths
Tonsillitis ...	...	...	...	...	20	...
Vincent's Angina ...	...	...	...	...	2	...
Erythema ...	...	...	...	...	11	...
Pneumonia ..	...	...	...	...	I	...
Erythema nodosum ...	...	...	...	...	2	...
Psoriasis ...	...	...	...	...	I	...
Otitis Media ...	...	...	...	...	I	...
Septicaemia (Gangrene of Feet) ...	...	...	...	...	I	I
Other Complaints ...	...	...	...	...	14	...
Total					53	I

LONDON FEVER HOSPITAL

LIVERPOOL ROAD, ISLINGTON

LAWS AND REGULATIONS

Reception of Patients.

1. The Hospital is intended for the reception of persons suffering from infectious fever other than small-pox, and more especially for such of those persons as may require isolation, in order to prevent the further spread or propagation of the disease from them to others.

2. Any person (not being a parochial pauper) labouring under such disease, shall, subject to the next rule, be considered a proper person for admission into the Hospital.

3. The Committee may from time to time make regulations for the admission of such persons as patients on payment of such sums as may be from time to time determined, provided always that—

(a) Domestic servants of governors shall be admitted gratuitously.

(b) The Committee may, if they think fit, at any time reduce or wholly remit the fees in the case of individual patients.

4. Applications for admission should be accompanied by a medical certificate stating the nature of the disease. The medical officers may, in the exercise of their discretion, refuse admission to any case which they deem unfit; but every refusal to admit a patient shall be reported at the next meeting of the Committee, together with the reason for the refusal.

Governors.

5. All subscribers of not less than one guinea per annum, who have subscribed for more than one year, and all donors of not less than ten guineas in one donation, shall be governors of the Hospital. This rule shall not be retrospective.

General Meeting and Election of Committee.

6. A general meeting of the governors, of which ten days' previous notice must be given in three morning newspapers, shall be held every year, on the second Friday in February, or as near thereto as may be convenient, for the purpose of approving or rescinding the proceedings of the Committee for the preceding year; for receiving the annual report of the state of the funds; and for electing a president, vice-presidents, treasurer, honorary secretary, and other members of the Committee for the ensuing year.

7. The Committee for the management of the Hospital shall consist of the president, the vice-presidents, the trustees, the treasurer, honorary secretary, and not less than fifteen nor more than twenty-five other governors.

8. A special general meeting of the governors may at any time be called by direction of the president or of the Committee; or on the requisition of any twelve governors, provided the requisition be made in writing to the secretary and the purpose for which the same is summoned be published in three morning newspapers at least ten days prior to the meeting; but the proceedings of such special general meeting, though acted upon *pro tempore*, shall not be deemed final until confirmed by another general meeting.

9. No new rule or law shall be made, nor shall any existing rule or law be repealed or altered, until determined upon at a general meeting by a majority of governors present and voting, and until confirmed at a subsequent general or special meeting.

10. The presence of seven governors shall be necessary to constitute a quorum at general meetings, and without that number no business shall be transacted.

The Committee.

11. The Committee shall manage the Hospital. They shall meet on the second Friday, or on such other day of every month as they may appoint; and three members shall be necessary to constitute a meeting and to transact business. A special meeting of the Committee may be called by the direction of the honorary secretary, or by any three members of the Committee, on giving at least three days' notice of the same to the members of the Committee, and specifying the business for which it is called.

12. The Committee shall have authority to appoint sub-committees, whose reports shall be submitted to their consideration; and with the assistance of the medical officers shall, from time to time as may be expedient, form regulations and by-laws for the internal management of the Hospital.

13. The resolutions of one meeting of the Committee shall not be rescinded by another, unless it be specially summoned for that purpose.

14. The Committee shall yearly publish a report of the state of the Hospital.

15. All accounts, except such sums as may be comprised under the item of petty cash, shall be submitted to the Committee at the monthly meetings, after having been duly examined by the secretary, the resident medical officer, the house directors, and certified by the auditor; and such accounts, if approved, shall be paid by cheques, payable to order, signed by two members of the Committee, on production of the house directors' minutes relating to them, and countersigned by the secretary.

16. No member of the Committee shall furnish, otherwise than gratuitously, any goods, provisions, or other articles, for the use of, or on account of, the Hospital, or be concerned in any contract, directly or indirectly, for supplying the same, or be employed for hire, fees, wages, or profit in any office or employment in connection with the Hospital.

Conduct of Meetings.

17. At all meetings a simple majority of the members present and voting shall bind the minority; and in case of equality of votes, the chairman shall have an additional or casting vote.

Treasurer.

18. The treasurer, if present, shall take the chair at all meetings of the Committee, in the absence of the president or vice-presidents. He shall keep an account at the bankers', and all moneys received for the use of the Hospital shall be paid to such account; he shall honour cheques signed, as provided in Rule 15.

Honorary Secretary.

19. In the absence of the Committee, the honorary secretary shall represent the Hospital with the public and with public bodies, reporting his action to the Committee.

Audit.

20. All accounts of the Hospital shall be audited by a professional auditor. The auditor shall certify the accounts, and it shall be his duty to report to the Committee anything in the books or accounts which in his opinion appear to call for comment.

21. At the meeting of the Committee in November, three gentlemen, one at least of whom shall not be a member of the Committee, shall be appointed to examine the accounts of the Hospital for the current year, and approve an abstract of all receipts and disbursements to be prepared by the secretary, and laid before the annual general meeting in February.

House Directors.

22. The house directors shall consist of the trustees, treasurer, the two physicians, and the architect, who shall be *ex-officio* house directors, and of three elected house directors chosen as follows:—The Committee at their meeting in February shall appoint a member of their own body to be chairman of house directors, who shall retain office for a term of three months. They shall in like manner appoint a chairman of house directors at their meetings in May, August, and November. The same person shall not, unless by special resolution of the Committee, be elected for two terms in succession. The Committee at each monthly meeting shall appoint two members of their body to be house directors for the ensuing month, one of whom, if possible, shall not have served during the previous month. If the same house directors are re-appointed, they shall only be so appointed by special resolution.

23. They shall from time to time cause the beds, clothes, and apparel belonging to the Hospital to be examined, and shall report thereon, if necessary, to the Committee. They shall inspect the tradesmen's bills, and take care that the provisions, bedding, clothing, furniture, and every article for the use of the Hospital be supplied on the most reasonable terms; they shall order in writing all permanent stores, and shall advise the Committee as to all larger requirements and structural alterations.

24. All articles required in large quantities shall, where practicable, be supplied by contract after public tender, and all considerable contracts for work or repairs be made after public tender or invitation to not less than three respectable firms, but the house directors shall not be obliged to accept the lowest or any tender.

25. They shall be authorised in all respects to enforce the observance of the regulations of the Hospital; they shall notice and report to the Committee any irregularity or misconduct on the part of the officers, servants, or patients of the charity, and shall, at every meeting of the Committee, cause a statement of the house expenditure to be produced for the preceding month. They shall appoint and dismiss, or approve the appointment or dismissal, of all nurses, porters, and other servants, male or female.

26. The chairman of the house directors shall, during the intervals between their meetings, be authorised to exercise the functions of the house directors in any matter of urgency, reporting, at their next meeting, what he may have done under this authority.

Physicians.

27. There shall be two physicians and one or more assistant physicians, who shall be Fellows or Members of the Royal College of Physicians of London; and also a surgeon, who shall be a Fellow of the Royal College of Surgeons.

28. One of the physicians shall visit the Hospital at least once every day. The physicians shall have the power of dismissing any patient for refractory conduct or disobedience of orders. The physicians, assistant physicians, and surgeon shall be entitled to attend all Committee meetings.

28A. No physician shall hold the appointment of physician for more than twenty years, nor after he shall have attained the age of sixty-five years.

Assistant Physicians.

29. In case of the illness or necessary absence of either of the physicians, one of the assistant physicians shall attend regularly in his stead. Such attendances shall be reported to the Committee. If the number of patients exceed 150 an assistant physician shall come on active duty,

30. The surgeon shall undertake the surgical charge of such patients as the physicians may deem necessary, and in case of emergency shall attend when summoned by the resident medical officer. Such attendances shall be reported to the Committee. If unable to attend, the surgeon shall substitute a duly qualified deputy.

Hospital Pupils.

31. No medical student shall be permitted to visit the Hospital unless in company with one of the physicians, or unless regularly entered or registered as a pupil by the physicians.

Architect.

32. There shall be an Architect to the Hospital. He shall advise on all questions concerning the Hospital sites and buildings, and shall supervise the structural maintenance of the Hospital, prepare all plans, and superintend all works connected therewith.

33. His status shall be similar to that of the physicians to the Hospital.

Resident Medical Officer.

34. The resident medical officer shall reside constantly at the Hospital, and shall devote himself entirely to the duties of his office, as defined by these laws and by the by-laws. Candidates for the post shall be required to produce satisfactory testimonials to the Committee.

35. He shall superintend the wards and Hospital generally, between the visits of the physicians, and the dispensary shall be exclusively under his control. In the absence of the Committee and house directors, he shall be recognised as the head of the establishment.

36. He shall keep accurate registers of the patients and of their cases, which registers shall be the property of the Hospital; he shall produce a special report every month, to be laid before the Committee.

37. When the number of patients shall be sufficiently great, or other circumstances render such a step necessary, the Committee shall have power to appoint one or two assistants to the resident medical officer, and he or they shall receive such remuneration as the Committee shall from time to time determine.

Secretary, House Steward, and Collector.

38. There shall be a secretary and a house steward. These offices shall be filled by the same or by different persons as the Committee shall from time to time think fit.

39. The duties of the secretary shall be to have the conduct of the correspondence of the Hospital, the keeping of the accounts, and to perform all duties appointed by the by-laws.

40. The house steward shall have the management of the domestic affairs of the Hospital, under the general superintendence of the resident medical officer, and shall perform the duties appointed by the by-laws.

41. The duties of the collector shall be—
To call on subscribers and collect all donations and subscriptions of the Hospital; to give only authorised printed receipts for the same; to attend all meetings when required; to keep correct lists and duplicate lists of all donations and subscriptions, with the residences of the donors and subscribers, made up from day to day; to pay weekly all moneys he may receive to the bankers; to deliver weekly to the secretary reports in writing of all moneys received and paid, with the balance at the bankers'; to keep the accounts regularly entered in the collector's cash book; to deliver a copy of the annual report to each subscriber; and to perform all the duties appointed by the by-laws.

42. The secretary, house steward, and collector shall be required to enter into bonds with sufficient sureties for the due and faithful performance of their duties in such sums as the Committee may determine.

Matron.

43. The matron shall have the direction of the nurses and female servants in the Hospital, subject to the superintendence of the house directors and the resident medical officer, and shall be responsible for the care and order of the wards. She shall have charge of the housekeeping arrangements, and shall perform the duties appointed by the by-laws.

Election of Officers.

44. The physicians, surgeon, assistant physicians, architect, resident medical officers, matron, auditor, and secretary shall be elected by a Committee comprised of the Committee for the management of the Hospital, the honorary medical officers, and the architect.

Salaries.

45. No variation in the fixed salaries of officials shall be made unless the Committee be summoned for that purpose, and unless the proposed addition or diminution be confirmed by a subsequent Committee.

Trustees.

46. The legal estate in the lands, buildings, and premises of the Hospital shall be vested in not less than three trustees, new trustees being appointed at a general meeting of the governors when vacancies occur.

47. All legacies of £100 and upwards, unless otherwise directed by the testators, shall be invested for the benefit of the Hospital, in the names of three trustees, to be called trustees of the fund.

Religious Ministrations.

48. Ministers of religion of all denominations shall have free and equal access to the Hospital, but no minister of any denomination shall receive any payment out of the funds of the Hospital in respect of his ministrations.

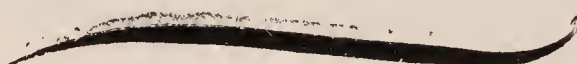
49. It shall be a standing instruction to the Committee and officers of the Hospital that any minister of religion desirous of visiting or ministering to patients of his own denomination shall be received with all courtesy, and shall be afforded all facilities consistent with the wishes and welfare of the patients, and the convenient conduct of the Hospital.

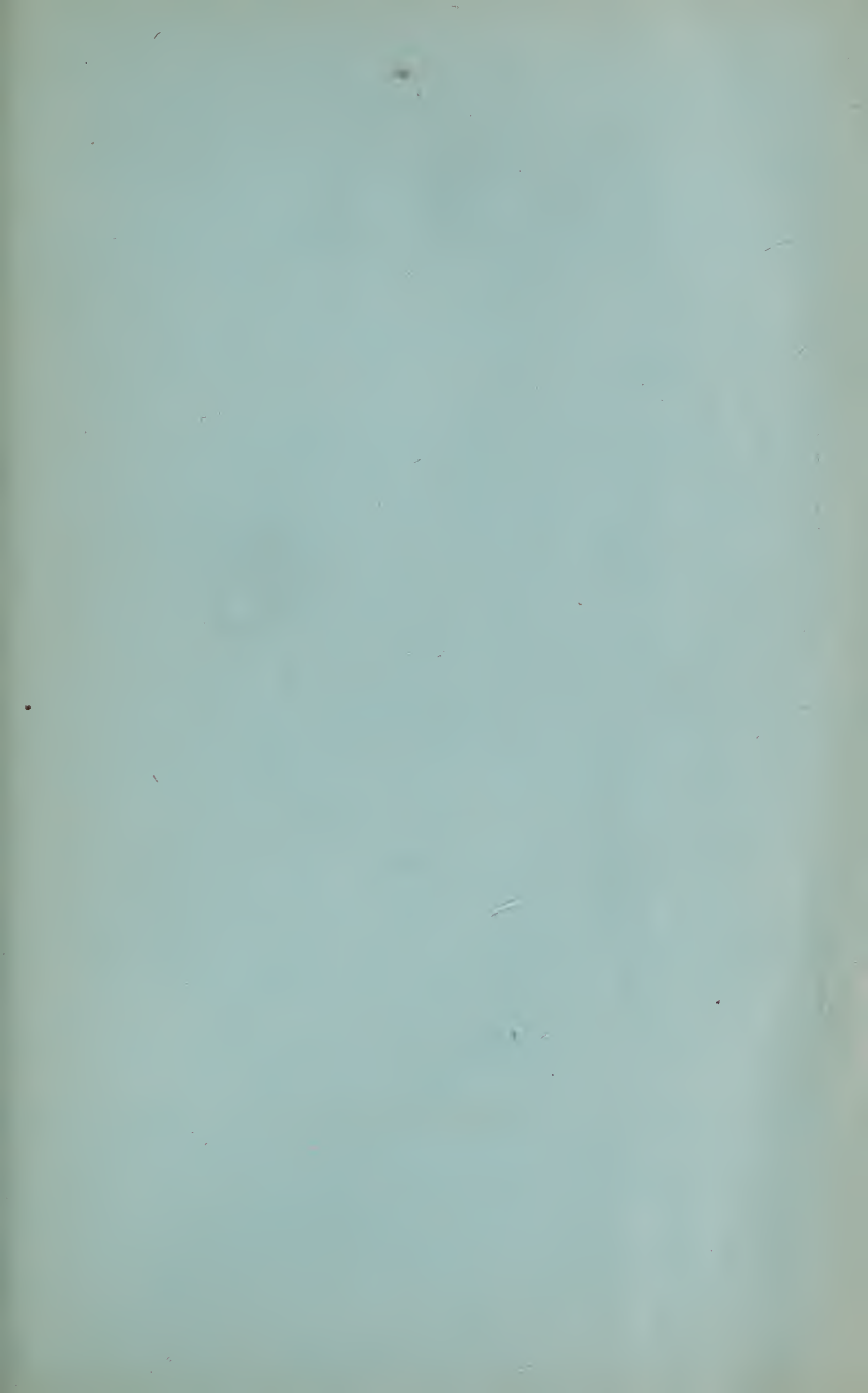
By-Laws.

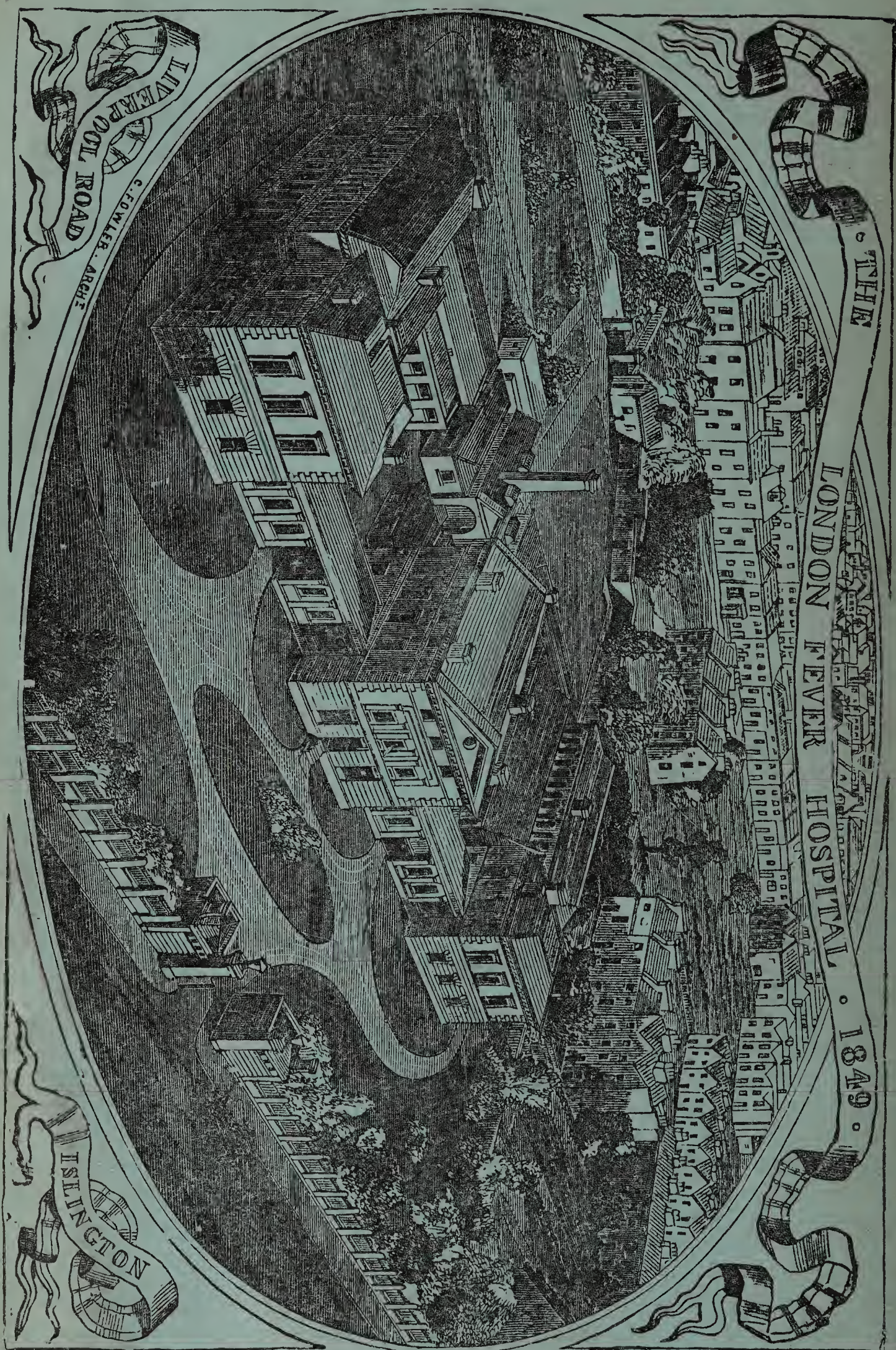
50. The by-laws which shall from time to time be made by the Committee shall be open to the inspection of any governor, and shall contain, among other things, a full specification of the duties of the resident medical officer, the matron, and other officers and servants of the Hospital, together with the terms of their employment. This specification of his or her own duties shall be read to and assented to in writing by, every person before his or her appointment, and referred to on all occasions of doubt.

At a Meeting of the Committee held at Freemasons' Tavern, on October 13th, 1882, it was resolved:—

1. That no election to the offices of physician, assistant physician, resident medical officer, assistant resident medical officer, secretary, auditor, or matron be proceeded with until the vacancy has been advertised in three daily London papers and in two medical journals. The first advertisement to be inserted not less than eight days before the election.







LIVERPOOL ROAD

C. FOWLER. ARCHT.

ISLINGTON

THE
LONDON FEVER HOSPITAL. 1849.